Application of Docket Number

SYN-C6413

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PAR						-		SMALL EN	ITITY		OTHER		
[===:: a: a::a::a			(Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			24					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2 4 minus 20=		* 4			X\$ 9=	36	OR	X\$18=		
INDEPENDENT CLAIMS			uf minus 3 =		*			X42=	42.	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT			RESENT	_,				+140=		OR	+280=		İ
* If the difference in column 1 is less th				ero, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL		
38 CLAIMS AS AMENDED - PAF					TII					•	OTHER		
	19	(Column 1)		(Colu		(Column 3	,	SMALL		OR	SMALL		lo
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 38	Minus	** 2	4	14		X\$ 9=	504	OR	X\$18=		3
	Independent	. /6	Minus	***	4	=/2	-	X42=	126	OR	X84=		Ę
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=		אאוראטר באוראטר
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		j
	(Column 1) (Column 2) (Column 3)							ADDII. 1 C.C.		•			1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	T
	Total	· 38	Minus	**	38	=		X\$ 9=		OR	X\$18=		
	Independent	. 16	Minus	***	/b	a .		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140		1			ł
								+140= TOTAL		OR	+280=		
									L	OR	TOTAL ADDIT. FEE		4
(Column 1) (Column 2) (Column 3)													İ
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		3		X\$ [.] 9=		OR	X\$18=		l
	Independent	*	Minus	***		=	_	X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1			1
	If the entry in colu	: ımn 1 is less than 1	he entry in col	umn 2, wri	te "0" in co	olumn 3.		+140=	<u> </u>	OR	+280= TOTAL		1
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE												L	1
	The "Highest Nur	mber Previously Pa	id For (Total o	or Indepen	dent) is th	e highest num	ber fo	ound in the ap	propriate bo	x in c	olumn 1.		